

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 01/23/01

SUPP 01/23/01

AMENDMENT

1040731

1. NAME Cornier Maxine MI  
Last First

2. BUSINESS PHONE (225) 761-5007

3. BUSINESS ADDRESS P. O. Box 4625 Baton Rouge LA 70821  
Street and No. City State Zip

MAILING ADDRESS (same)  
Street and No. City State Zip

4. EMPLOYER self-employed

5. EMPLOYER'S ADDRESS P.O. Box 4625 - Baton Rouge LA 70821  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes      No     

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Ron Dougherty, Prudential Life Insurance Company

Address 8601 Ranch Rd. 222, Bldg. 1-230, Austin, TX 78726

Business or purpose life insurance company

☒ New Representation  
Does this person pay you? Yes

If No, who pays you?     

☐ Terminated Representation as of     

HAND DELIVERED

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FOR OFFICE USE ONLY

Postmark Date: 06/15/04

SUPP

1040731

1. NAME Cormier Maxine  
Last First MI

2. BUSINESS PHONE (225) 761-5007

3. BUSINESS ADDRESS P. O. Box 1471 Baton Rouge LA 70821  
Street and No. City State Zip

MAILING ADDRESS (same)  
Street and No. City State Zip

4. EMPLOYER \_\_\_\_\_

5. EMPLOYER'S ADDRESS \_\_\_\_\_  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

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Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

HAND DELIVERED

# MENTAL REGISTRATION FORM



2. Name Larsonia Association of Nurse Anesthetists LTD  
 Address P.O. Box 55261 - Metairie, LA 70055  
 Business or purpose Training Issues  
☐ New Representation  
 Does this person pay you? yes  
 If No, who pays you? Larsonia Association of Nurse Anesthetists LTD  
☐ Terminated Representation as of \_\_\_\_\_
3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
☐ New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Mafmi Carmei  
 Signature of Lobbyist

AMENDMENT

# SUPPLEMENTAL REGISTRATION FORM



2. Name Louisiana Association of Nurse Anesthetists LTD  
Address P.O. Box 55261 - Metairie, LA 70055  
Business or purpose Training Issues  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? Louisiana Association of Nurse Anesthetists LTD  
☐ Terminated Representation as of \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

\_\_\_\_\_  
Signature of Lobbyist